



# RESERVATION FORM

October 14-16, 21-24 and 28-31, 2015

9am-12pm

Reservation required for groups

Fax completed form to (601) 982-4292

Email to: [alya@mdac.ms.gov](mailto:alya@mdac.ms.gov)

[www.msagmuseum.org](http://www.msagmuseum.org)

1150 Lakeland Drive, Jackson, MS 39216

(601) 432-4500

Thanks for choosing to visit the Pumpkin Adventure at the AG Museum. Prior to completing this form, you must call and check available dates and times. Once your date and time has been checked, please complete this form, sign and return by fax or email. This reservation form must be signed and returned in order to have a confirmed reservation. At this time, a hold will be issued for your reservation. A deposit in the amount of ½ of the total admission must be received by the museum within 5 business days of making the reservation. If a deposit is not received, your reservation will be cancelled. Deposits will need to be paid by cash, school check, money order or purchase order. No personal checks are accepted. Upon arrival, you will be required to pay the balance due. Please print information below:

GROUP NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Date: _____		Time: _____	
<u>ADMISSION</u>	<u>NUMBER OF PEOPLE</u>	<u>COST PER PERSON</u>	<u>TOTAL</u>
CHILD (2-18)		\$7	
ADULT (19 and older)		\$7	
TOTAL AMOUNT DUE:			
DEPOSIT AMOUNT DUE: (1/2 of total amount)			
Date deposit is due:			

Principal Signature: \_\_\_\_\_ Teacher Signature: \_\_\_\_\_

MAFM Staff ONLY

NOTES:

Date form received: \_\_\_\_\_ Confirmation: Email/Fax/Mail

DEPOSIT amount received \$ \_\_\_\_\_ Date: \_\_\_\_\_

Method of payment: Cash/Ck/PO - PO/Ck #: \_\_\_\_\_